LABUK UKUMINEMILETI -**EMPLOYEE REPORT**

Expires 11-30-2000

This report is mandatory under P.L. 88-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U -	2. Fiscal Year Covered From:
5203	1011/1011/12004 Through: 12/311/12004
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name Richard L Forser	Name Conventors local #3
	Labor Organization File Number 029/41
P.O. Box, Bidg., Room No., if any	P.O. Box, Building and Room Number, any
Street R # BOX 410-A	street 56th 19th Street
cary Mounds ville	chy wheeling
State WV ZIP Code + 4 2604	State N / ZIP Code + 4 26.003
5. Position in labor organization.	
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests . (except as specified in the exclusions set forth in the instructions):	
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name [
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	7.b. Amount.
Street	. Wothing to Keport
СНУ	
State ZIP Code + 4	
Signature	
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's providing and palief, true, correct, and complete. (See the section on penalties in the instructions.)	
signed 1 (which C towards	on 7-26-0\$ 364-845-7819
	Date Telephone Number

8. Name and address of Business (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street Chy State 2IP Code + 4 11. Approximate dollar value of such dealing. 11. Approximate dollar value of such dealing. 12. Anature of Interest held or Income received. C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other bling of value. 13. A. Nature of payment. 14. A. Nature of payment. 15. Approximate dollar value of such dealing. 15. Anount. 16. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other bling of value. 15. Anount. 16. Received from any employer or labor Relations Consultant (including trade name, if any). Name Image: It any Image: It any Image:	B. Held an interest in or derived income or economic benefit with monetary vasubstantal part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is actificating part of which consists of buying from or selling or leasing directly or including with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or Sirectly to, or otherwise	
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